

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☒ yes

☐ no

☐ Ms.

☒ Mr. Artist ROBERT

APKO

Permanent

(Last Name Last)

Address 704 E 241

EXLID

Street

City

44123

Tel. (216) 732-7018

Zip

Area Code

Temporary or

Studio Address 1725 E 115 CLEV.

Street

City

44106

Tel. (216) 229-0959

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address: _____

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

ROBERT APKO

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature ROBERT APKO

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☒ 4. Sculpture ☐ 5. Crafts

CHAIR

Materials

STEEL TUBE / WOOD

Title

"OF THE BULL"

Price or NFS

LFS

Insurance Value
if NFS Only

\$400.00

Size

28"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

44 (4)

REJECTED

DETACH

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☒ 4. Sculpture ☐ 5. Crafts

CHAIR

Materials

STEEL TUBE / WOOD

WITHDRAWN

"OLDBEEF STEEL"

Title

Price or NFS

NFS

Insurance Value
If NFS Only

\$500.00

Size

32"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

DO NOT WRITE IN
THIS SECTION

ACCEPTED

RECEIVED

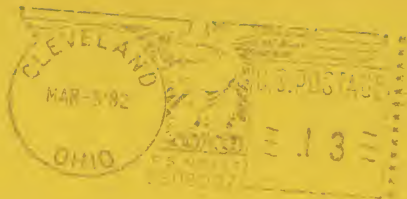
REJECTED

REJECTED

DATE

1982 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106



ROBERT ARKO

Name

1725 E 115 ST

Address

CLEVELAND

OHIO

44106

City & State

Zip

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☒ 4. Sculpture ☐ 5. Crafts

CHAIR

Title

"OF THE BULL"

ACCEPTED

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☒ 4. Sculpture ☐ 5. Crafts

CHAIR

Title

"OLD FATHER SEBEL"

ACCEPTED

REJECTED